

14249

Vol. m90 Page 8120

SATISFACTION OF MORTGAGE

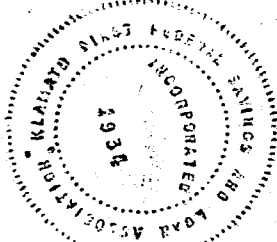
KNOW ALL MEN BY THESE PRESENTS, That Klamath First Federal Savings and Loan Association, a corporation, duly incorporated, organized and existing under and by virtue of the laws of the United States of American with its principal office at Klamath Falls, Oregon, owner and holder of the Mortgage and the obligation hereinafter described, does hereby certify and declare that a certain Mortgage, bearing the date the 2nd day of November 1972, made and executed by Donald R. Fish and June M. Fish, Husband and Wife, the mortgagor therein, to Klamath First Federal Savings and Loan Association, the mortgagee therein and recorded in the office of the County Clerk of the County of Klamath, State of Oregon, book M.72 of Mortgages on Page 12713, on the 3rd day of November 1972.

together with the debt thereby secured, is fully paid, satisfied and discharged.

IN WITNESS WHEREOF, Klamath First Federal Savings and Loan Association, mortgagee, has caused its lawful corporate seal to be hereunto affixed and its name to be hereto subscribed by the hands of its President and Secretary this 1st day of May 1990, at Klamath Falls, Oregon.

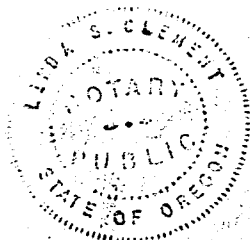
KLAMATH FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION

By James D. Bocchi President
By Gerald V. Brown Secretary



STATE OF OREGON } ss.
County of Klamath

On this 1st day of May, 1990, before me appeared James D. Bocchi and Gerald V. Brown, both to me personally known, who being duly sworn did say that he, the said James D. Bocchi is the President, and he, the said Gerald V. Brown is the Secretary of Klamath First Federal Savings and Loan Association, the within named Corporation, and that the seal affixed to said instrument is the corporate seal of said corporation, and that the said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors, and James D. Bocchi and Gerald V. Brown acknowledged said instrument to be free act and deed of said corporation.



STATE OF OREGON } ss.
County of Klamath

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Linda S. Clement
Notary Public for Oregon
My commission expires 9-22-90

I certify that the within instrument was received for record on the 1st day of May, 1990, at 10:51 o'clock AM, and recorded in book M90, on page 8120, Record of Mortgages for said County.

Witness my hand and seal of County affixed Evelyn Biehn, County Clerk
County Clerk-Recorder

By Pauline M. Mullins Deputy

Fee \$8.00

After recording please return to:
Klamath First Federal
2943 S. 6th
KFO 97601

B 5253

I.D. TAG NO.

168

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

| | | | |
|--|--|---|---|
| 1. DECEDENT'S NAME First: Hilda Middle: Mary Last: MAWBY | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) April 26, 1990 |
| 4. SOCIAL SECURITY NUMBER 283-42-3965 | | 5a. AGE - Last Birthday (Years) 82 | 5b. Under 1 Year Mos. 1 Days 1 Hours 1 Mins. 1 |
| 6. BIRTHPLACE (City and State or Foreign Country) England | | 7. DATE OF BIRTH (Month, Day, Year) April 3, 1908 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | |
| 9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | | 9c. COUNTY OF DEATH Klamath | |
| 10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker | | 10b. KIND OF BUSINESS/INDUSTRY Own Home | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12. SPOUSE (If Married, Widowed) Leonard F. | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN, OR LOCATION Klamath Falls | | 13d. STREET AND NUMBER 2619 Berkeley Street | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 15. RACE American Indian, Black, White, etc. (Specify) White | |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+) | | 17. INFORMANT - NAME and relationship to decedent Leonard F. Mawby, husband | |
| 18. FATHER - NAME first middle last Herbert - Wills | | 19. MOTHER - NAME first middle maiden Phyllis - Ayres | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merle Reid</i> | | 21b. LICENSE NUMBER (Of Licensee) 3329 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601 | | 23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i> | |
| 24. DATE FILED (Month, Day, Year) APR 30 1990 | | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |
| 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| 27. TIME OF DEATH 6:15 P. | | | |
| 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles D. Bury</i> M.D. | | | |
| 30. DATE SIGNED (Month, Day, Year) April 27, 1990 | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601 | | | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Gastrointestinal Bleeding DUE TO, OR AS A CONSEQUENCE OF: (c) Multiple Colon Ulcers PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. | | | |
| 34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | | |
| 35. DATE OF INJURY (Month, Day, Year) | | | |
| 36. TIME OF INJURY | | | |
| 37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | | |
| 39. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |
| 40. DESCRIBE HOW INJURY OCCURRED | | | |
| 41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | | |
| 42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 43. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 44. RESERVED FOR REGISTRAR'S USE | | | |

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **APR 30 1990**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

452 REV. 1-89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Leonard Mawby** the **1st** day
of **May** A.D., 19 **90** at **11:16** o'clock **AM.**, and duly recorded in Vol. **M90**
of **Deeds** on Page **8121**
By **Evelyn Biehn** County Clerk
D. A. Mawby

FEE \$8.00

Return: Leonard Mawby
2619 Berkely, Klamath Falls, Or. 97601